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|---|----------------------------------|--------------|-------|---|---|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 | | | | | Application or Docket Number <i>10667544</i> | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY | |
| TOTAL CLAIMS | | | | RATE <input type="checkbox"/> FEE BASIC FEE 385.00 OR X\$ 9= <input type="checkbox"/> OR X43= <input type="checkbox"/> OR +145= <input type="checkbox"/> TOTAL <input type="checkbox"/> | | |
| FOR NUMBER FILED | | NUMBER EXTRA | | RATE <input type="checkbox"/> FEE BASIC FEE 770.00 OR X\$18= <input type="checkbox"/> OR X86= <input type="checkbox"/> OR +290= <input type="checkbox"/> OR TOTAL <input type="checkbox"/> | | |
| TOTAL CHARGEABLE CLAIMS minus 20= * | | | | | | |
| INDEPENDENT CLAIMS minus 3 = * | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | SMALL ENTITY OR OTHER THAN SMALL ENTITY | |
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | | | RATE <input type="checkbox"/> ADDITIONAL FEE X\$ 9= <input type="checkbox"/> X43= <input type="checkbox"/> +145= <input type="checkbox"/> TOTAL ADDIT. FEE <input type="checkbox"/> | |
| | Total | * | Minus | ** | = | |
| | Independent | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | | | RATE <input type="checkbox"/> ADDITIONAL FEE X\$ 9= <input type="checkbox"/> X43= <input type="checkbox"/> +145= <input type="checkbox"/> TOTAL ADDIT. FEE <input type="checkbox"/> | |
| | Total | * | Minus | ** | = | |
| | Independent | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | |
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | | | RATE <input type="checkbox"/> ADDITIONAL FEE X\$ 9= <input type="checkbox"/> X43= <input type="checkbox"/> +145= <input type="checkbox"/> TOTAL ADDIT. FEE <input type="checkbox"/> | |
| | Total | * | Minus | ** | = | |
| | Independent | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | |